

Case Number:	CM13-0059157		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2012
Decision Date:	05/06/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The MTUS Chronic Pain Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the injured worker has utilized Soma 350 mg since 11/2012. Despite ongoing use of this medication, the injured worker continues to report severe pain. There is no documentation of palpable muscle spasm or spasticity upon physical examination. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing

review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Norco 10/325 mg since 11/2012. Despite ongoing use of this medication, the injured worker continues to report severe pain. Satisfactory response to treatment has not been indicated. Therefore, the request is not medically necessary and appropriate.

SOMA 350MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the injured worker has utilized Soma 350 mg since 11/2012. Despite ongoing use of this medication, the injured worker continues to report severe pain. There is no documentation of palpable muscle spasm or spasticity upon physical examination. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.